

**VILLAGE OF CRESTWOOD
13840 S. CICERO AVENUE
CRESTWOOD, ILLINOIS 60445**

APPLICATION FOR COMMERCIAL BUSINESS LICENSE

PLEASE COMPLETE BOTH SIDES OF APPLICATION

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For information or questions, please call (708) 371-4800 or fax (708) 371-4849.

Date of Application: _____	Opening Date: _____	Fee: \$ _____
Illinois Retailers Occupational Tax No. _____ - _____ (Illinois Sales Tax Number)		
Name of Business: _____		
Address: _____		
City: _____ State: _____ Zip Code _____		
Business Phone: (____) _____ Emergency Phone: (____) _____		
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
Name: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
Phone: (____) _____		
PARENT COMPANY MAIN OFFICE		
Name: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
Phone: (____) _____		
Square Footage of All Areas: _____	Restaurant Seating Capacity: _____	
TYPE OF OWNERSHIP: () INDIVIDUAL () PARTNERSHIP () CORPORATION		
Required information-License will not be issued unless completed!		
OWNER'S NAME: _____ PHONE NO. (____) _____		
HOME ADDRESS: _____		
CITY: _____ STATE: _____ ZIP CODE: _____		
DRIVER'S LICENSE NO. _____ S.S.N. ____--____--____ DATE OF BIRTH: _____		
If more than one owner or partner, list all above requested information on a separate sheet and attach hereto.		

Is Applicant (if an individual) or all owners of more than 5% of the shares of Applicant (if a partnership, Corporation or limited liability company) a U.S. Citizen or resident alien? YES () NO ()

If yes, provide proof of Citizenship in the form of a voter's card, green card, passport or other proof of legal status.

Will you be selling Tobacco Products? YES () NO ()
By machine? YES () NO ()

If a Corporation, please give name, address and telephone number of Registered Agent.

REGISTERED AGENT'S NAME: _____ PHONE NO. (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

ARE THE PREMISES LEASED? YES () NO ()

If yes, NAME OF OWNER: _____ PHONE NO. (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DETAILED DESCRIPTION OF BUSINESS REQUIRED _____

WILL BUSINESS MANUFACTURING, STORING OR SELLING ANY TYPE OF HAZARDOUS MATERIAL(S)?
YES () NO ()

MISCELLANEOUS INFORMATION- *PLEASE COMPLETE ALL APPLICABLE SECTIONS*

Number of Bowling, Dart,
Pool Tables, Etc. _____ Juke Box _____

VENDING MACHINES:

Pop, Candy, Etc. _____ Dairy Products _____ Food Service _____

Ice Stations _____

NUMBER OF AUTOMATIC NON-VIDEO AMUSEMENT DEVICES: _____

NUMBER OF FULL-TIME EMPLOYEES: _____ NUMBER OF PART TIME EMPLOYEES: _____

IT IS AGREED THAT AUTHORIZED INSPECTIONS WILL BE ALLOWED AS PRESCRIBED BY ORDINANCE.

SIGNATURE OF OWNER OR AGENT FOR OWNER REQUIRED

{Appendices A, B, and C attached hereto and made a part hereof}

**APPENDIX A
AUTHORIZATION TO OBTAIN RECORDS**

I hereby authorize and consent to the Village of Crestwood's officials obtaining, Receiving and reviewing any and all documents records and files, including but not limited to, finger printing, court cases, arrest and conviction records.

Signature

Date

**APPENDIX B
VILLAGE PROCESSING SHEET**

FOR VILLAGE USE

To be completed by the Village Clerk:

- 1. Date application for license filed** _____
- 2. Copy of application delivered to:**
 - A. Mayor** _____
 - B. Health Inspector** _____
 - C. Fire Protection Officer** _____
- 3. New applications, date reports of inspections received from:**
 - A. Health Inspector** _____
 - B. Fire Protection Officer** _____
- 4. If application for renewal, dates of last inspection by:**
 - A. Health Inspector** _____
 - B. Fire Protection Officer** _____
- 5. Action by Mayor:**
 - A. Approval** _____ **Date** _____
 - B. Denial** _____ **Date** _____
- 6. License fee received: \$** _____ **Date** _____
- 7. Date license issued:** _____ **No. of License** _____
- 8. Date copy of license and application delivered to police department** _____
- 9. For use by Mayor:**
 - ☐ **The Village Clerk is instructed and directed to issue license requested.**
 - ☐ **I hereby refuse to issue the license requested and deny the application for commercial license by** _____
for the following reasons: _____

(Signature) Mayor

Date: _____

APPENDIX C

CRESTWOOD FIRE/POLICE DEPARTMENT

BUSINESS FACT SHEET

Business Name: _____

Type of Business: _____

Business Address: _____

Business Telephone No. (____) _____ Fax No. (____) _____

Owner's Name: _____ Date of Birth: _____

Owner's Address: _____

Owner's Village: _____ State: _____ Zip Code: _____

Owner's Telephone No. (____) _____

Please list in order to be called, the name and telephone number of the person(s) to be notified in case
Of an emergency:

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

3. Name: _____ Phone # _____

List days of week and hours that business is open: _____

Name of cleaning agency and days they clean: _____

Does business have an alarm YES () NO ()

If yes, what type: ()Burglary ()Robbery ()Fire ()Knox Box

How is alarm received by police dispatcher?

_____ Direct Telephone Alarm

_____ Direct Through Dispatchers Board

_____ Telephoned by Private Security

_____ Outside Ringer Only

Date: _____